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RENEWAL APPLICATION FOR APPRAISAL MANAGEMENT COMPANY REGISTRATION

The Appraisal Management Company Renewal is due no later than October 31st. To renew an AMC registration return this form and the renewal fee of \$2300, which includes a \$300 Recovery Fund fee. **FAILURE TO RENEW BY OCTOBER 31st WILL RESULT IN A \$50 PENALTY FEE FOR EACH MONTH OF NON-RENEWAL UP TO 6 MONTHS OF EXPIRATION UNDER KRS 324A.152(7)(b).** Any penalty fees incurred **MUST** be included with this application. All fees are **NON-REFUNDABLE**. Payment may be made by check or money order. Checks returned for insufficient funds will result in cancellation of the renewal.

Failure to reinstate within six (6) months of expiration shall require the expired registrant to submit a new application for registration under 201 KAR 30:330 and meet all current requirements for registration.

TYPE OR PRINT CLEARLY IN INK

1 Company's Name:

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|--|

2 DBA:

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|--|
| |
|--|

KY License No.:

| |
|--|
| |
|--|

3 Contact person for renewal:

| | | |
|------|-----------|-------|
| Name | Telephone | Email |
|------|-----------|-------|

4 Has main address for company changed? No ____ Yes ____ (Complete information below)

| | | | |
|------------------------|-------|--------|-----|
| Street Address | | County | |
| City | State | Zip | |
| PO Box (if applicable) | City | State | Zip |
| Telephone | Fax | Email | |

☐ Send mail to Post Office Box

5 Has service of process agent changed? No ____ Yes ____ (Complete information below)

| | | | |
|----------------|-------|--------|--|
| Name | | | |
| Street Address | | County | |
| City | State | Zip | |
| Telephone | Fax | Email | |

6

Regarding Professional Licenses

- | | | Yes | No |
|-----|--|--------------------------|--------------------------|
| (1) | In the past 12 months has the AMC listed on this application ever had an AMC registration refused, denied, cancelled or revoked by any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) | Are there currently any allegations pending against this AMC in connection with an AMC registration in Kentucky or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) | Has any disciplinary action been brought against this AMC or any employee, director, officer, or agent of this AMC in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the answers are "yes", provide a copy of the licensing agency's order, any other documentation regarding the case, and a complete written explanation for each matter.

7

Regarding Criminal Offenses

- | | | | |
|-----|---|--------------------------|--------------------------|
| (1) | In the past 12 months has any owner, employee, director, officer, or agent of the AMC listed on this application ever been convicted of or pleaded guilty or no contest to any criminal offense in Kentucky or in any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) | Are there currently any criminal charges now pending against any owner, employee, director, officer or agent of the AMC listed in this application in Kentucky or in any other state? | <input type="checkbox"/> | <input type="checkbox"/> |

If either of the answers are "yes", provide a copy of the court judgment, arrest warrant or bill of indictment, and include a release from probation or parole, if appropriate.

"Criminal offenses" and "criminal charges" include all criminal matters except speeding or parking violations. It DOES include driving while under the influence of alcohol or drugs. If you believe a charge has been erased or expunged, you must check with the appropriate court before completing this section.

8

Has Compliance Manager changed? No ____ Yes ____

Complete Information Below

Name of Compliance Manager:

Date notification sent to Board:

9

CERTIFICATION

The undersigned, in making this application for renewal to the Kentucky Real Estate Appraisal Board for registration as an Appraisal Management Company under the provisions of KRS Chapter 324A and 201 KAR Chapter 30 and swears or affirms that he (or she) has been designated by the Appraisal Management Company to make this application for renewal on their behalf, and that all information provided in connection with this application for renewal is true to the best of his or her knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures , or the return of a check for insufficient funds, may be deemed sufficient reason to withhold renewal of or suspend or revoke a registration issued by the Board.

SIGNATURE OF APPLICANT: _____

Printed name: _____ Title: _____

Date _____